

POLICY QM 2.4 REPORTING AND MONITORING THE USE OF SECLUSION AND RESTRAINT

- A. PURPOSE: To establish requirements for reporting and monitoring the use of seclusion and restraint for all enrolled persons.
- B. SCOPE: Regional Behavioral Health Authorities (RBHAs), including Tribal RBHAs, and T/RBHA subcontracted OBHL Licensed Level I Behavioral Health Facilities using seclusion and restraint.
- C. POLICY: T/RBHAs shall receive reports concerning the use of seclusion and restraint with all enrolled children and adults and shall monitor to ensure that use of these methods is consistent with all applicable requirements.
- D. REFERENCES: 9 A.A.C. 20
9 A.A.C. 21
ADHS/DBHS Policy GA 3.8, *Disclosure of Confidential Information to Human Rights Committees*
- E. DEFINITIONS:
1. Drug used as a restraint: A pharmacological restraint that is not standard treatment for a behavioral health recipient's medical condition or behavioral health issue and is administered to:
 - a. Manage the person's behavior in a way that reduces the safety risk to the person or others,
 - b. Temporarily restrict the person's freedom of movement.
 2. Mechanical restraint: Any device, article or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the person's freedom of movement or normal access to the person's body, but does not include a device, article, or garment:
 - a. Used for orthopedic or surgical reasons, or
 - b. Necessary to allow a person to heal from a medical condition or to participate in a treatment program for a medical condition.
 3. Personal Restraint: The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but for a behavioral health agency licensed as an OBHL Level 1 RTC or a Level I sub-acute agency, does not include:
 - a. Holding a person for no longer than five minutes, without undue force, in order to calm or comfort the person; or
 - b. Holding a person's hand to escort the person from one area to another.
 4. Restraint: Personal restraint, mechanical restraint or drug used as a restraint.

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5. Seclusion: The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

F. PROCEDURES:

1. Each T/RBHA shall ensure that subcontracted Licensed Level I Behavioral Health facilities using seclusion and restraint report all incidents of seclusion and restraint to the T/RBHA utilizing Attachment 1, Seclusion and Restraint Reporting-Level I Facilities and in accordance with the ADHS/DBHS Provider Manual.
2. The T/RBHA shall:
 - a. Forward individual reports of the use of seclusion and restraint to the ADHS/DBHS Bureau of Quality Management and Evaluation within seven working days of the T/RBHA's receipt of the report.
 - b. Provide individual reports concerning the use of seclusion and restraint with persons with serious mental illness and children to the appropriate Human Rights Committee ensuring that the disclosure of protected health information is in accordance with ADHS/DBHS Policy GA 3.8 *Disclosure of Confidential Information to Human Rights Committees* and:
 - (1) Redact personally identifiable information for each facility report of the use of seclusion and restraint;
 - (2) Provide a redacted copy of each report to the committee within three working days after its receipt; and
 - (3) Provide the summary report to the committee by the 10th calendar day of each month.
 - c. Ensure that each subcontracted facility reports the total number of occurrences of the use of seclusion and restraint that occurred in the prior month by the 5th calendar day of the month. If there were no occurrences of seclusion and/or restraint during the reporting period, the report should so indicate.
 - d. Summarize the required seclusion and restraint information submitted by each subcontracted Licensed Level I facility using Attachment 2, RBHA Summary Report.

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- e. Submit the summary (Attachment 2) to the ADHS/DBHS, Bureau of
Quality Management and Evaluation, 150 N. 18th Avenue, Suite 250,
Phoenix, Arizona 85007, by the 10th calendar day of each month.

G. APPROVED BY:

Leslie Schwalbe Date
Deputy Director
Arizona Department of Health Services

Jerry L. Dennis, M.D. Date
Medical Director
Arizona Department of Health Services

Attachment 1
Seclusion and Restraint Reporting – Level 1 Facilities

FACILITY LICENSE # _____ REPORT DATE: _____

Facility Name: _____

AHCCCS Provider ID: _____

Facility Address: _____

Contact Person/Title: _____ Phone: _____

Name and Title of Person Authorizing the event: _____

Reporting Information:

CIS Identifier: _____

Client Name: _____ Age: _____ SS#: _____

Client Behavioral Health Category _____ (SMI, NSMI, SED, NSED)

Date/Time of Evaluation/Assessment: _____

Seclusion:

Date Administered: ____/____/____ Time: _____ am/pm

Name/Title: _____

Duration of Seclusion _____ minutes/hours

Mechanical/Personal Restraint:

Date Administered: ____/____/____ Time: _____ am/pm

Name/Title: _____

Duration of Restraint _____ minutes/hours*If person is both secluded and restrained, complete **both** the seclusion and mechanical/personal restraint sections.

Drug Used as Restraint:

Date Administered: ____/____/____ Time: _____ am/pm

Name/Title: _____

List Pharmacological Restraint medications and dosage (other than PRN's): _____

Reason for Restraint/Seclusion (including justifying facts and behaviors)

Attachment 1
Seclusion and Restraint Reporting – Level 1 Facilities

Was the person physically injured **DURING (not prior to)** the restraint or seclusion? ☐ Yes
☐ No

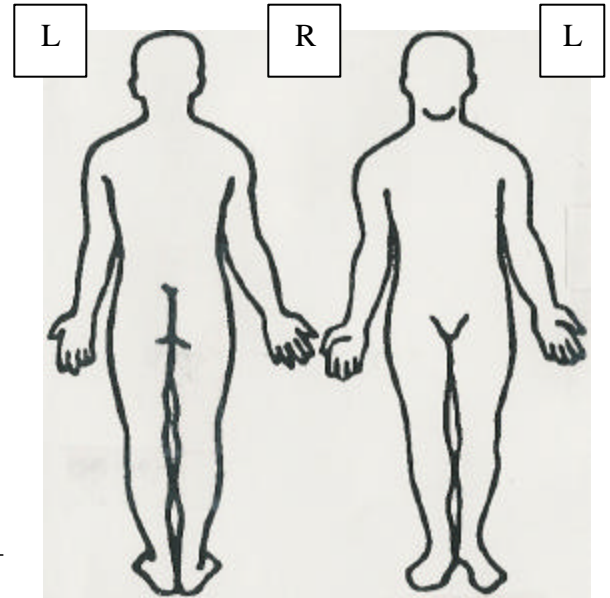
If yes, indicate:

1. Nature of the injury: _____

2. The level of medical intervention needed:

- ☐ None
☐ First Aid
☐ Medical (physician's order)

3. The location of the injury on the diagrams.



Indicate types of less restrictive alternatives attempted (including reasons for their failure).

Date, **Time**, and **Person** who monitored client's status while in Seclusion or Restraint.

	Date	Time (am / pm)	Person monitoring
Start			
End			

Action(s) taken to prevent reoccurrence (individual and system):

Completed forms should be sent to the T/RBHA with which the facility is subcontracted. A form must be completed for each individual Secluded/Restrained.

Attachment 2

Seclusion and Restraint Reporting T/RBHA MONTHLY SUMMARY REPORT			
T/RBHA		Reporting Month/Year	
# of Level I Facilities:		# of Level I Facilities Reporting:	
If not all Level I facilities are reporting, state the reason(s) and follow-up taken: 			
Total number of incidents of seclusion/restraint during the reporting period			
Total combined number of hours spent in seclusion and restraint during the reporting period:			
T/RBHA follow-up (specify the name of each facility and type of follow-up to occur): 			
Other Comments: 			
Name of person completing this report:			
Phone # of person completing this report:			
Date report is submitted to ADHS/DBHS:			